

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

DOCUMENT # L02000028853

1. Entity Name
SUNRISE PRODUCTIONS LLC



Principal Place of Business
**1080 SE 3RD AVE
FORT LAUDERDALE, FL 33316**

Mailing Address
**1080 SE 3RD AVE
FORT LAUDERDALE, FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3725077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, PETER W
1080 SE 3RD AVE.
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME HUDSON, HARRIS W ☐ Delete
STREET ADDRESS 1080 SE 3RD AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VD
NAME HUDSON, STEVEN W ☐ Delete
STREET ADDRESS 1080 SE 3RD AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE TD
NAME WRIGHT, PETER W ☐ Delete
STREET ADDRESS 1080 SW 3RD AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE SD
NAME HUDSON, HOLLY J ☐ Delete
STREET ADDRESS 1080 SE 3RD AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter W. Wright

2/9/04 954-356-5800

Date

Daytime Phone #